

## Residential: Pharmacologic Management

According to the Utah Medicaid Provider Manual (April 2015), 2-8 Pharmacologic Management (Evaluation and Management (E/M) Services),

***Pharmacologic management*** means a service provided face-to-face to the client and/or family to address the client's health issues. This service is provided in accordance with the CPT definitions and coding for E/M services. (Please refer to the E/M services section of the CPT manual for complete information on E/M services definitions.)

*Who:*

1. licensed physician and surgeon or osteopathic physician regardless of specialty;
2. licensed APRN regardless of specialty when practicing within the scope of their practice act and competency;
3. licensed APRN intern regardless of specialty when practicing within the scope of their practice act and competency under the supervision of a licensed APRN regardless of specialty when practicing within the scope of their practice act and competency, or licensed physician and surgeon or osteopathic physician regardless of specialty; or
4. other medical practitioner licensed under state law who can perform the activities defined above when acting within the scope of his/her license (e.g., licensed physician assistants when practicing within their scope of practice and under the delegation of services agreement required by their practice act).

*Record:*

1. For all E/M services, E/M documentation requirements apply. Please refer to the E/M section of the CPT manual. Providers can also refer to CMS' 1997 publication on documenting E/M services entitled 1997 Documentation Guidelines for Evaluation and Management Services at: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/97docguidelines.pdf>

*In accordance with the CPT manual, when counseling and/or coordination of care dominates (more than 50 percent) the encounter with the patient and/or family, and is the basis of E/M code selection, the extent of counseling and/or coordination of care must be documented in the medical record;*

2. *In addition, documentation must include:*
  - a. *date, start and stop time, and duration of the service;*
  - b. *setting in which the service was rendered; and*
  - c. *specific service rendered (i.e, E/M services);*
3. *If not already addressed in E/M-required documentation referenced in #1:*
  - a. *health issues and medications reviewed/monitored, results of the review and progress toward related treatment goal(s), or if there was no reportable progress, documentation of reasons or barriers;*
  - b. *dosage of medications as applicable;*
  - c. *summary of information provided; and*
  - d. *if medications are administered, documentation of the medication(s) and method and site of administration; and*
4. *Signature and licensure or credentials of the individual who rendered the service.*